

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/549932**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3		1		1		
4		1		1		
5		3		3		
6		3		3		
7		3		3		
8		1		1		
9		1		1		
10		3		3		
11		3		3		
12		3		3		
13		3		3		
14		3		3		
15		1		1		
16	1		1			
17		1		1		
18		1		1		
19		4		4		
20		4		4		
21		4		4		
22		4		4		
23		4		4		
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50						
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.	←		62	←		←
TOTAL CLAIMS			63			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						